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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) CAF-33402/03	
Application Number	10/528,555-Conf. #8316	Filed March 21, 2005	
For CAST-CUTTER			
Art Unit 3724	Examiner B. C. Patel		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
Fee	Small Entity Fee	\$	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	60.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820	_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1180</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>18,277</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>/Allen M. Krass/</u> Signature		May 6, 2008 Date	
<u>Allen M. Krass</u> Typed or printed name		(248) 647-6000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 6, 2008 Electronic Signature for Stephanie Goelde: /Stephanie Goelde/